CLAIMS ONLY

Application Number 10/719813 **Filing Date**

Applicant(s)

*May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
1	1						51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
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12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20	1						70							
21							71							
22							72							
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42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	4						Total Indep							
Total Depend	16						Total Depend							
Total Claims	20						Total Claims							